of physicians and surgeons advocating such an approach would be diminished.

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AIDS in the pre-AIDS era

n the Oct. 1, 1987, issue of *CMAJ* (137: 637-638) Drs. Ernest Rogan, Jr., and associates described a case of acquired immune deficiency syndrome (AIDS) in a Canadian man who had received a blood transfusion in Zaire in 1976. This report, as well as other recent articles,^{1,2} strengthen our assumption that unrecognized cases of AIDS sporadically occurred in non-African patients in the pre-AIDS era.

In a search of the medical literature from 1950 until 1986 we found 18 cases of probable AIDS that occurred outside Africa before the start of the current epidemic.³ Two of the cases were reported from Canada.^{4,5}

Rogan and associates' case, serologic evidence⁶ and the data included in our article indicate that AIDS affected North Americans long before the first publications on the syndrome.

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Canadian Marfan Association

he Canadian Marfan Association was founded in January 1987, by a group of patients, families and physicians concerned about the lack of information and support available to patients and physicians involved in the management of this condition.

The association, registered as a national charitable organization, has an elected executive and an appointed medical advisory board. Its goals are to improve diagnosis and treatment through education of patients and physicians and to increase public awareness of Marfan's syndrome in Canada. Patient support groups are being organized where numbers warrant.

Fact sheets, information booklets and articles of interest are available upon request to the association, at PO Box 1055, Postal Stn. B, Ottawa, Ont. K1P 5R1, or to me, at (819) 455-2632.

Elizabeth McHenry President Canadian Marfan Association

Photocopy addiction and photocopier syndrome

mong house staff in hospitals and some staff in the medical library where I work I have observed two variations of what seems to be yet another disease peculiar to our modern era. Evaluation of a large, continuous sample of subjects has revealed what I have

come to term "photocopy addiction" and its sometime corollary, "photocopier syndrome".

Photocopy addiction manifests as an insatiable lust for daily mounds of paper freshly imbued with print information that, it is thought, may some day come in handy. A varying dosage is well tolerated, but interruption produces classic withdrawal symptoms.

Photocopier syndrome is the emotional need to be near a photocopier, to stand leisurely before it and stare purposefully into the glass, marvelling anew each time at its lights and buttons, as if it were a modern oracle, then ministering solemnly and dutifully to it as it seemingly labours to bring forth child.

Both conditions compel their sufferers to spend endless time lining up, waiting and operating photocopiers, to the exclusion of all else. The proliferation of these machines in clinical settings can bring all medical work to a halt. The question is, Is there a cure?

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Free trade: There'll be no free ride for this deal

his article (Can Med Assoc J 1987; 137: 934–935), by Charlotte Gray, is totally out of place in our journal. Apart from the first paragraph it has no particular pertinence to the medical profession, and I consider it totally politically oriented. I find it very subjective and totally one-sided.

I also find it disconcerting and disrespectful to have the Prime Minister referred to on a first-name basis in an article in our journal.

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